

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

4. Qualifying Name and Address of Candidate SCOTT WATSON P. O. Box 6188 ST. Joseph, La. 71366	2. Office Sought (Include title of office as well as parish, city, town and/or election district) Police Jury DISTRICT 4 Tensas Parish	OFFICE USE ONLY 10-3-10199 10/13 C L G R E
3. Date of Primary OCT. 23, 1999 This report covers from Sep. 14, 1999 through OCT. 3, 1999		
4. Type of Report: <input type="checkbox"/> 180th day prior to primary <input type="checkbox"/> 40th day after general <input type="checkbox"/> 90th day prior to primary <input type="checkbox"/> Annual (future election) <input type="checkbox"/> 30th day prior to primary <input type="checkbox"/> Supplemental (past election) <input checked="" type="checkbox"/> 10th day prior to primary <input type="checkbox"/> 10th day prior to general <input type="checkbox"/> Amendment to prior report		
5. FINAL REPORT IF: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Filed after the election AND all loans and debts paid <input type="checkbox"/> Unopposed		
6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.) Cross Keys Bank P.O. Box 5 ST. Joseph, La. 71366		7. Full Name and Address of Treasurer SCOTT WATSON P.O. Box 6188 ST. Joseph, La. 71366
9. Name of Person Preparing Report SCOTT WATSON Daytime Telephone 318-282-2678		b. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY a. Name and address of principal campaign committee RECEIVED OCT 15 PM 12:50
10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted		b. Name and address of committee's chairperson c. Name and address of all subsidiary committees, if any (Use additional sheets if necessary)
SCOTT WATSON Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)		318-282-2678 Daytime Telephone
Signature of Treasurer		Daytime Telephone